1425201

FORM D

DEC 9 6 2007

UNIT

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires: Augu	at 31, 1989				
Estimated average burden					
hours per respon:	se 16.00				

SEC USE ONLY				
Prefix	Serial			
DATE RE	CEIVED			

\ \ \ //				
Name of Offering (check i	this is an amendment and name has o	hanged, and in	dicate change.)	
- ·	ero Retail Food Limited Pa	-		
Filing Under (Check box(es) that	apply): 🗌 Rule 504 🔀 Rule 505	☐ Rule 506	☐ Section 4(6)	☐ ULO Final Progessing
Type of Filing: XE New Filing	☐ Amendment			Section
	A. BASIC IDENTIFIC	ATTON DATA		d 0 0000
1. Enter the information request	ed about the issuer			JAN 2 2 2008
Name of Issuer (check if the	is is an amendment and name has cha-	nged, and indica	ite change.)	
Peterson Cicer	o Retail Food Limited Par	tnership		Washington, DC
Address of Executive Offices	(Number and Street, City, St			er (Including Area (1861e)
201 EastlOgden Avenu	e, Suite 26: Hinsdalle, IL	<u>1~605216052</u>	1 630/325-58	300
Address of Principal Business Of (if different from Executive Offi	perations (Number and Street, City, Stoes)	ate, Zip Code)	Telephone Numb	er (Including Area Code)
Brief Description of Business		PROCES	SED _	
Investment in retail				
	··.	JAN 30 2	008	
Type of Business Organization		THOMSO	N	
□ corporation	XXimited partnership, already form	ed FINANCIA	Dother (ples	
→ business trust	☐ limited partnership, to be forme	d		08021611
Actual or Estimated Date of Inco		-		stimated
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Po CN for Canada; FN for			e: III

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state v. The Appendix to the notice constitutes a part of this notice and must be completed.

Fallure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A STATE OF THE STA	56 50.2 C. SEE		. With the second control	
		IIFICATION DATA	i di	
 Enter the information requested Each promoter of the issuer, 	-	ad within the most five way		
 Each promoter of the issuer, Each beneficial owner having 		•		or more of a class of accion
securities of the issuer;	the power to vote or dispose,	of wheel the vote of wisp	gidon or, 1044	or more or a class or equity
 Each executive officer and dis 	rector of corporate issuers and	of corporate general and m	anaging partne	rs of partnership issuers; and
Each general and managing	partner of partnership issuers.			
Check Box(es) that Apply: Pro	moter Beneficial Owner	XX Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indiv McClaren, H. Bruce	idual)			
Business or Residence Address (N	umber and Street, City, State,	Zip Code)		
201 East Ogden Avenu	e, Suite 26 Hinsd	ale, IL 60521		
Check Box(es) that Apply: 🗆 Pro	moter 🛘 Beneficial Owner	XXXExecutive Officer	□ Director	General and/or Managing Partner
Pull Name (Last name first, if indiv	idas)			
Edison, Howard W. Business or Residence Address (N	and and Company (Now Company	Tim Code)		
201 East Ogden Avenu				
Check Box(es) that Apply: Pro	moter	☐ Executive Officer	☐ Director	□ General and/or Managing Partner
Full Name (Last name first, if indiv	idual)			
PCHD Home Investors,	Inc.			
Business or Residence Address (N	umber and Street, City, State,	Zip Code)		
201 East Ogden Avenu	e, Suite 26 Hinsdal	e, IL 60521		
Check Box(es) that Apply: D Pro	moter 🛘 🗆 Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if indiv	iduel)			
Business or Residence Address (N	umber and Street, City, State,	Zip Codé)		
Check Box(es) that Apply:	moter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if indiv	idual)			Managing Partner
Business or Residence Address (N	umber and Street, City, State,	Zip Code)		· · · · · · · · · · · · · · · · · · ·
<u>.</u>				
Check Box(es) that Apply: . D Pro	moter C Beneficial Owner	D Executive Officer	D Director	D. General and/or Managing Partner
Full Name (Last name first, if indiv	idusi)			
Business or Residence Address : (N	umber and Street, City, State,	Zip Code)		
Check Box(es) that Apply: Pro	moter	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

10.214		e interest		rith b.]	NFORMA	TION AL	OUT OFF	KRING	0.00	Market Co.	Yayı —		
1. Has	the issuer	sold, or d	oes the iss	uer intend	to sell, to	поп-ассто	edited inve	stors in th	is offering	7		Yes . KOX	N ₀
			Ar	swer also	in Append	lix, Colum	ın 2, if fili	ng under l	ULOE.				
2. Whi	it is the mi	inimum in	vestment t	hat will be	accepted	from any	individual?	·	•••••			. <u>s 10</u>	,000
					-							Yes	No
3. Doe	s the offer	ing permit	joint own	ership of	a single un	út?		• • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	. X X	
sion to b list t	or the information or similar and the listed is a the name of caler, you	remunerati in associate f the brok	on for soli ed person (er or deale	citation of or agent of r. If more	purchaser a broker than five	s in connect or dealer s (5) person	tion with s registered w s to be list	ales of acci with the SI and are asso	urities in th SC and/or	e offering. with a stat	If a perso te or state	n S,	
Full Nam	e (Last na	me first, i	individua	l)				-					
	McClare	en, H.	Bruce										
Business	or Residen			and Stree	t, City, St	ate, Zip C	ode)						
	201 Eas	st Ogde	n Avenu	e, Suit	e 26	Hinsd	ale, IL	6052	1				
Name of	Associated												
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Business (or Resident			and Stree	. City, Str	ate, Zip C	ode)						
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Name of	201 Eas Associated	st Ogde		e, Su11	te 26	Hinsd	ale, IL	6052	.1	 -	 		
NAME OF	ASSOCIATED	Bloxel O	Dealer										
											<u> </u>		
	Which Per					blicit Purci	hasers						_
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	-
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Business o	or Residence	æ Address	(Number	and Street	. City, Su	ite, Zip Ca	ode)						
			•			•	·						
Name of	Associated	Broker or	Dealer								<u> </u>	····	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Afready Offering Price Type of Security Sold Debt □ Common □ Preferred Partnership Interests \$_____ \$____ Total \$2,450,000 \$ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero." Aggregate Number Dollar Amount . of Purchases Investors Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Sold Security Type of offering Regulation A..... Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. □ **5**____ Transfer Agent's Fees Printing and Engraving Costs KK \$ 1.000 ¥X **⊈** 9,000 Legal Fees Accounting Fees.... Engineering Fees Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) Interim Financing - \$18,000..... KK \$18.000__

Total.....

KK \$28,000

; :	C. OFTERING PRICE, NUMBE	r of investors, expenses and	USE	OF PROCEEDS	3	
	b. Enter the difference between the aggregate off tion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference	is the	;	S.A	2,422,000
5.	Indicate below the amount of the adjusted gross is used for each of the purposes shown. If the amou estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth	unt for any purpose is not known, furn te. The total of the payments listed must	ish ar equa	\ 		
	v v v v			Payments to Officers, Directors, & Affiliates	:	Payments To Others
	Salaries and fees		X 1	35,975	□ \$ _	
	Purchase of real estate		XX S	2.383.025	□ s _	. <u></u>
	Purchase, rental or leasing and installation of	machinery and equipment	D 1	<u></u>	D \$_	
	Construction or leasing of plant buildings and	facilities	0 1	<u></u>	D 5.	<u>.</u>
	Acquisition of other businesses (including the offering that may be used in exchange for the	value of securities involved in this assets or securities of another				
	issuer pursuant to a merger)			•		
	Repayment of indebtedness		D \$		□ S _	
	Working capital		- 5		X \$_	3.000
	Other (specify):		. 🗆 \$	<u> </u>	□ s _	
	Column Totals			-		
	Total Payments Listed (column totals added)				-	
:		D. FEDERAL SIGNATURE	74 F.	State of the second second second		
οIJ	s issuer has duly caused this notice to be signed by owing signature constitutes an undertaking by the isst of its staff, the information furnished by the issuer.	ssuer to furnish to the U.S. Securities a	nd Ex	change Commissi	ion, up	on written re-
SSL	ner (Print or Type)	Signature //		Date		
لــا	The Peterson Cicero Retail Food Limited Partnership	N Dune Micha	ch	Dece	mber	14, 2007
laı	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
,	J. Pausa MaClaren	President of PCWD Home T	nuec	tore The		

 \mathcal{END}

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)